

### **Senior Needs Assessment**

The senior needs assessment was introduced at our last Advisory Committee on Aging Services. Please review the questions and come prepared to discuss:

- Any “questions” that should be added.
- Any “questions” that should be deleted.
- Any “questions” that are unclear or do not make any sense.

After the discussion, a small working committee from the Advisory Council members will be formed to work with staff to finalize and implement the survey.

Thank you



## Senior Needs Assessment - Summit, Utah, & Wasatch

Mountainland Association of Government's Aging & Family Services Department is examining the current and future service needs of seniors in Utah, Summit, and Wasatch Counties to better respond to meeting their needs that will enable them to remain healthier, independent, and at home as they age.

To participate in this survey, you must be between the ages of 55-70 and be a resident of Summit, Utah, or Wasatch county. Your participation in this survey is completely voluntary and responses will not be identifiable to any specific individual. There are 29 questions and the survey will take 20-25 minutes depending on your responses. By completing this survey you are consenting to participate in the survey.

You may participate in this survey by ~~completing it at Survey Monkey.org and complete a paper copy and mail back to us.~~ (INSTRUCTIONS)

We acknowledge that many of the questions in this survey are similar or originated with the University of Utah College of Social Work who are conducting a needs survey for adults in Salt Lake County.

Most questions require a response.

Thank you for your participation

**\*1. In what year were you born? (enter 4-digit birth year; for example, 1976)**

**\*2. In what ZIP code area do you live? (enter 5-digit ZIP code; for example, 00544 or 94305)**

**\*3. Are you male or female? (Mark one answer.)**

☐ Male

☐ Female

Other (please specify)

**\*4. What is your ethnicity? (Mark all that apply.)**

☐ White

☐ Hispanic

☐ Black/African American

☐ American Indian or Alaska Native

☐ Asian or Pacific Islander

☐ Other (please specify)

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**\*5. Who, if anyone, currently lives with you in your household? (Mark all that apply.)**

- ☐ I live alone
- ☐ Child
- ☐ Grandchild
- ☐ Parent
- ☐ Grandparent
- ☐ Spouse/Partner
- ☐ Other Adult

**\*6. What is your current annual household income, before taxes? (Mark one answer.)**

- ☐ Under \$25,000
- ☐ \$25,000-\$39,999
- ☐ \$40,000-\$59,999
- ☐ \$60,000-\$74,999
- ☐ \$75,000- or more
- ☐ Prefer not to answer

**\*7. How would you describe your current health? (Mark one answer.)**

- ☐ Extremely poor
- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

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**\*8. In the past year, have you provided financial support or assistance to any of the following? (Mark all that apply)**

- ☐ Children
- ☐ Grandchildren
- ☐ Parents or spouse's parents
- ☐ Grandparents or spouse's grandparents
- ☐ Other relatives or friends
- ☐ None of these

**\*9. In the past year, have you received financial support from any of the following that specifically related to helping you remain at home? (Mark all that apply.)**

- ☐ No, I have not received any financial assistance from those listed below
- ☐ Parents
- ☐ Children
- ☐ Grandchildren
- ☐ Friends/Neighbors
- ☐ Church
- ☐ Government Program

Other (please specify)

**\*10. Do you currently participate at a local senior center (not an adult day care center)? (Mark one answer.)**

- ☐ Yes
- ☐ No

**\*11. Do you see yourself participating at a senior center in the next ten years? (Mark one answer.)**

- ☐ Yes
- ☐ No

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**\*12. What services would you like to see offered at senior centers? (Mark all that apply.)**

- ☐ I do not plan on participating at a senior center
- ☐ Social events
- ☐ Educational classes
- ☐ Recreational activities
- ☐ Volunteer opportunities
- ☐ Exercise classes
- ☐ Legal Services
- ☐ Tax preparation
- ☐ Health prevention classes
- ☐ Meals
- ☐ Computer/Internet/mobile phone/I-Pad training
- ☐ Information about Medicare/Medicaid/Prescription Drug Coverage etc
- ☐ Mental health screenings, therapy

Other (please specify)

**\*13. I have adequate transportation to meet my needs and lifestyle. (Mark one answer.)**

- ☐ Yes
- ☐ No

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**\*14. What is your main mode of transportation? (Mark all that apply.)**

- ☐ I drive myself
- ☐ Family or friends provide transportation for me
- ☐ Bicycle
- ☐ Public transit system (Bus, Paratransit, Front Runner)
- ☐ Taxi

Other (please specify)

**\*15. Do you think that you have adequate and affordable health insurance coverage to meet your current and future medical needs? (Mark one answer.)**

- ☐ Yes
- ☐ No

**\*16. Are you a caregiver? (Providing help to someone which allows them to stay in their residence.) (Mark all that apply.)**

- ☐ I am currently a caregiver
- ☐ I used to be a caregiver, but I am not one right now
- ☐ I am not a caregiver

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**\*17. As a current or caregiver in the past, what type of support would be or would have been the most beneficial to you? (Mark all that apply.)**

- ☐ I am not and have not been a caregiver in the past
- ☐ Training
- ☐ Resource information
- ☐ Support groups
- ☐ Some financial support
- ☐ Respite care (Services that allow the caregiver to have personal time to take care of their needs)

Other (please specify)

**\*18. What kind of assistance are you currently receiving to help you remain in your home? (Mark all that apply.)**

- ☐ None. I take care of all of my own needs
- ☐ Help with house cleaning
- ☐ Meals are prepared for me in the home or brought in
- ☐ Bathing, dressing, personal grooming
- ☐ Transportation
- ☐ Grocery shopping
- ☐ Case management/social worker
- ☐ Managing my medications
- ☐ Yard care

Other (please specify)



**19. Who is currently helping you with assistance that you identified in Question 18.? (Mark all that apply.)**

☐ Does not apply, I am not receiving help to remain at home.

☐ Spouse/Partner

☐ Children

☐ Grandchildren

☐ Friends/Neighbors

☐ Home Health Agency

Other (please specify)

**\*20. In the next ten years do you anticipate needing assistance to be able to remain at home? (Mark one answer.)**

☐ Yes, it is likely that I will need help or I am already receiving assistance and will continue to need help.

☐ No, I expect to be able to care for myself

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**\*21. If you are receiving assistance now, or expect to need services in the future, what types of assistance is or will be needed? (Mark all that apply.)**

- ☐ I am not receiving assistance and do not expect to need help in the future.
- ☐ Help with house cleaning
- ☐ Meals prepared for you
- ☐ Bathing, dressing, personal grooming
- ☐ Transportation (Doctor, medical appointments, grocery store, errands, etc.)
- ☐ Social worker to find and coordinate services
- ☐ Managing my medications
- ☐ Paying bills, managing finances
- ☐ Yard care
- ☐ Home repairs
- ☐ Adult day care
- ☐ Respite care (Care for you that gives your caregiver time off to meet their needs)

Other (please specify)

**\*22. At the present time or in the future, who do you anticipate will provide you with the assistance that you need? (Mark all that apply.)**

- ☐ I do not having anyone help me now or expect to need help in the future
- ☐ Spouse/partner
- ☐ Children
- ☐ Grandchildren
- ☐ Friends/neighbors
- ☐ Government programs
- ☐ Church

Other (please specify)

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**\*23. Who do you think should pay for services to help seniors remain in their homes?**  
**(Mark all that apply.)**

- ☐ The individual needing assistance and spouse/partner
- ☐ Children
- ☐ Friends/neighbors
- ☐ Churches
- ☐ Community non-profit organizations
- ☐ Federal Government (taxpayers)
- ☐ State Government (taxpayers)
- ☐ County Government (taxpayers)
- ☐ City Government (taxpayers)

Other (please specify)

**\*24. If you could no longer live independently for health reasons, what do you think you would most likely do? (Mark all that apply.)**

- ☐ Stay in my home with family or friends providing care
- ☐ Stay in my home with a home health care agency providing care
- ☐ Move into a child's or family members home
- ☐ Move into a friend's home
- ☐ Move to an assisted living facility
- ☐ Move to a skilled nursing home
- ☐ Don't know

Other (please specify)

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**\*25. If you need long-term care as you age (for example: help in your home, or residing in an assisted living or skilled nursing facility) how do you think that care will most likely be paid for? (Mark all that apply.)**

- ☐ Your own savings or investments
- ☐ Retirement or pension
- ☐ Social Security
- ☐ Equity in your home (for example, reverse mortgage)
- ☐ Long-term health insurance
- ☐ A government program
- ☐ Your children or other family members
- ☐ Don't know

Other (please specify)

**\*26. Currently, federal, state, county, and city governments do not have sufficient revenue to provide all of the programs and services that are requested by citizens. In order for governmental agencies to provide some assistance to seniors that help remain at home, how would you suggest these services be funded? (Mark all that apply.)**

- ☐ Government should not be funding services to help seniors remain at home, it is an individual and family responsibility
- ☐ Raise taxes
- ☐ Reduce or eliminate other services that are less important
- ☐ Be more efficient

Other (please specify)

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**27. If you recommended that government reduce or eliminate other expenditures, please identify what they are. Skip this question if you feel other programs and services should not be reduced or eliminated.**

**\*28. Almost all of the funding Mountainland Association of Governments Aging & Family Services Department is federal and state monies. (Local counties and cities provide most of the funding for senior centers).**

**Federal and state funding is being reduced and is not adequate. Should local counties and cities provide more funding for senior services? (Mark all that apply.)**

☐ Yes

☐ No

Other (please specify)

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**\*29. Mountainland Association of Government's Aging and Family Services Department primarily receives federal and state funding to serve; those with the greatest social or economic need; those at risk of institutional placement; those who are low income and minorities; those living in rural areas, and those with limited English proficiency. We encourage individuals and families to be independent and as self sufficient as possible.**

**With the increasing number of seniors in our communities and recognizing that funding will never meet the requests for services that we receive, we are focusing our efforts on the following priorities.**

### **Meals:**

**Providing a lunch-time meal to home-bound seniors (Meals-on-Wheels) and to provide a lunch-time meal at local senior centers.**

### **Information & Referral Services:**

**Being the experts in the community about senior services and resources available to assist individuals and families with options that support them in their efforts to maintain their health and independence.**

### **In-Home Services:**

**Non-medical services provided by home health agencies such as light housekeeping, bathing, dressing, errands, etc. that support seniors in remaining healthier, independent, and in their homes.**

**Do you agree with these priorities? (Mark one answer.)**

☐ Yes

☐ No

Other (please specify)